Form Prescribed By Indiana State Board of Health under Authority Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 71-29

FI	LOYD County 6-24-72
MALE	Date of Application
Medical Examination Report Dated 6-/2-)2	FEMALE Medical Examination Report Dated 6-12-72
Name of Physician Q. I. Streepen	Name of Physician Theefer
tion or pretense shall be fined in any sum not exceeding five hundred dollars (\$500.00)".	tatement.—Whoever procures the issuance of a license to marry by any false statement, representa-
MALE APPLICANT	FEMALE APPLICANT
Name Stanley Gibile Joungblook	Name Pirgt Middle Young
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State of foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R. R. City County State	Residence Address Steet or R R City County State
CIT Maple Zone n. A. Sul	Maiden Name if Different Midden Name if Different
Previous Marital Status: Never Married Number of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment	Previous Marital Status: Never Married Number of Previous Marriages
Color or Race White Negro Other (specify)	Last Marriage Ended By: Death Divorce Annulment
Usual Occupation Engineer	Color or Race White Negro Other (specify)
Date of birth verified by: Desirth Cert.	Usual Occupation
Other (Specify)	Date of birth verified by: Birth Cert. Judicial Decree
An Imbecile? Now Yes Of Unsound Mind? Now Yes O	Other (Specify)
2. Are you under guardianship as a person of unsound mind? No ✓ Yes ☐ 3. Are you now or have you been within five (5) years an inmate of a county asylum or	1. Are you now or have you been adjudged, diagnosed or considered as:
home for indigent persons? No 🗍 Yes 🗌 If answer to 3 is "yes" has the cause of such condition been removed? No 🗸 Yes 🗍	An Imbecile? Of Unsound Mind? No Yes
4. Are you afflicted with a transmissible disease? No. Wes	2. Are you under guardianship as a person of unsound mind? No 🗸 Yes
5. Are you related to the bride closer than second cousin? No ✓ Yes ☐ 6. Are you now under the influence of intoxicating liquor? No ✓ Yes ☐	3. Are you afflicted with a transmissible disease? No 🖸 Yes 🗆
7. Are you now under the influence of a narcotic drug? 8. Are you able to support a family? Yes \(\sigma \) No \(\sigma \)	4. Are you related to the groom closer than second cousin?
9. Are you likely to so continue? Yes No	5. Are you now under the influence of intoxicating liquor? No 🖸 Yes
10. Do you have minor children from one or more former marriages? No \(\subseteq \text{Yes} \) (If yes, answer questions a, b, c)	6. Are you now under the influence of a narcotic drug? No Yes
(a) List their full names, ages and addresses Name Age Address	7. Full name of father Andrews
Name Age Address	Residence of father (if deceased so state) Occupation of father Mg Race of father W
	Birthplace of father (State or foreign country) Muhagan
	8. Full maiden name of mother faurette T. The venet
(b) Are you supporting or contributing to their support? (c) Are you complying with any court order or orders issued for their support? Yea No	Residence of mother (if deceased so state)
11. Full name of father Melsin & Jung blood	Occupation of mother Ausense Race of mother W
Residence of father (if deceased so state)	Birthplace of mother (State or foreign country)
Occupation of father.	
Birthplace of father (State or foreign country)	County of State of Indiana. State of Indiana. County of State of Indiana. Sas: I depose and state the information given in this application is true and correct
12. Full maiden name of mother lawn financial	Signed Denise & Cloung
Residence of mother (if deceased so state)	
Occupation of mother Rage of mother Birthplace of mother (State or foreign country)	New Address.
State of Indiana,	Subscribed and sworn to before me this
County of in this application is true and correct.	
Signed Stanly B. Joury Wood	CONSENT OF PARENTS, PARENT OR GUARDIAN
New Address.	We, the parents, of this applicant hereby give consent for this marriage. If only one paren
Subscribed and sworn to before me thisday of	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN	
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	
·	State of Indiana,
State of Indiana,	County of
County of	SignedFather
SignedFather	Signed
Signed	Subscribed and sworn to before me thisday of
Subscribed and sworn to before me thisday of	Cler
Clerk	Cler
	RT. A marriage license having been refused to the above named parties, the
	Court by written order issued
inauthorizes and directs the issuance	
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE ense issued by the clerk of the Floyd Circuit Cour
of Indiana dated the 28th day of June	10 72 authorizing the joining together as husband and wife
Stanley B. Younghlood	and Denise J. Young office, to-wit:
Be it further remembered, the following marriage certificate was filed in my James T. Heady	office, to-wit:
and thousand nine handred and	hereby certify that on the 2nd day of July New Albany Floyd at County of Indiana of County, State of Indiana
State of Indiana, Groom Stanley B. Youngblood	of Floyd County State of Indiana
and, Bride Denise J. Young	Floyd County, State of Indiana
were by me united in marriage as authorized by a marriage license issued for	Floyd County, State of Indiana r that purpose by the Clerk of the Circuit Court of Floyd
County. 2nd July Dated thisday of, 19	72
Dutea tris	Signed Minister Official Designation
	Official Designation FILDISUGE
Filed and recorded in accordance with the laws of the State of Indiana this	Signed
,	Signed Clerk